

OFFICE OF THE INSPECTOR GENERAL
VETERANS AFFAIRS
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INSPECTOR GENERAL ACTION REQUEST

Assistance Consent Form

Authority: 5 U.S.C. §552a, California Civil Code §1798. et seq. California Military & Veterans Code §73.6

Principal Purpose: To secure sufficient information to make inquiry into the matters presented and to provide a response to the requester(s) and/or take action to correct deficiencies.

Routine Uses: Information is used for official purposes within the Department of Veterans Affairs complaints or respond to requests for assistance, advice or information; by Members of the Legislature and other Government agencies when determined by The Inspector General to be in the best interest of the Department of Veterans Affairs.

This information is submitted for the basic purpose of requesting assistance, correcting injustices affecting individual, or eliminating conditions considered detrimental to the efficiency or reputation of the Department of Veterans Affairs. **I hereby authorize the Inspector General to use my name and inquire into matters I have presented.**

Please attach a copy of all documentation that pertains to your case and might help us understand your situation and resolve the issues

Specific Action Request: (Please complete, if you require additional space please submit as attachment)

Full Name (Please Print)

Social Security Number (SSN)

Mailing Address/ City State Zip

() _____
Home Phone (Please Include Area Code)

() _____
Work Phone (Optional)

Signature

Date

Disclosure of the Social Security number and other personal information is voluntary. However, failure to provide complete information may hinder proper identification of the requester, accomplishment of the requested action(s) and response to the requester.